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PTO/SB/17 (01-03)

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/768,733
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 24, 2003
		First Named Inventor	Per Zeuthen
		Examiner Name	W. Griffin
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No. H0610.0023/P023
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 04-1073		Fee Code Fee (\$)	
Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		Extra Claims Fee from below Fee Paid	
Independent Claims			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
** or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Stephen A. Soffen		Registration No. 31,063	
Signature		Telephone (202) 828-4879	
		Date January 24, 2003	